ARIZONA STATE BOARD OF HEALTH

(This return should preferably be made by the person who made the original)

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*.....

Place of Birth (Registration District) Globe County Gila No. ..... St.

SEX OF CHILD* Male	Twin / Triplet / or other?	and	Number in order of birth
DATE OF BIRTH* Dec. (Month)	1 (Day)	1924 (Year)	
FULL NAME	FATHER Earl Samson Cordy		
FULL* MAIDEN NAME	MOTHER Mary Ethel Stark		

I HEREBY CERTIFY that the child described herein has been named

Maurice Stark Cordy.
(Give name in full) (Surname)

Mary Ethel Cordy Beard.
(Parent's Signature)

.....
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

5M 5/20/41

438-1201-422